

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Evaluation of safe spaces in CDC-directly funded community-based organizations

Attachment 4a

Client Survey

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Screenshots in EPI Info

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Safe Space Use

1. Why did you come to [safe space name] for your most recent visit? Select all that apply

- To have fun
- To meet people
- For HIV testing
- For HIV medical care
- For PrEP services
- For other HIV services (Briefly describe)
- For other support services (e.g., education, employment, housing)
- For a specific event (e.g., movie night)
- Nowhere else to go
- Other (Briefly describe)
- Decline to answer

2. At your most recent visit to the safe space, did you get what you came for?

- Yes
- I got some but not everything I came for
- No
- Decline to answer

3. How many times have you visited [safe space name] in the past 12 months?

4. How many times have you visited [safe space name] in the past 30 days?

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Perceptions about Safe Space

5. Overall, how satisfied are you with [safe space name]?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Decline to answer

6. Do you plan to return to [safe space name] again?

- Definitely
- Probably
- Probably not
- Definitely not
- Decline to answer

7. Did [safe space name] provide you with the following HIV services at any time you visited:

HIV education

- Yes
- No
- I don't need any help with this
- Decline to answer

Referral to PrEP services

- Yes
- No
- I don't need any help with this
- Decline to answer

HIV testing

- Yes
- No
- I don't need any help with this
- Decline to answer

Other HIV services

- Yes
- No
- I don't need any help with this
- Decline to answer

Linkage to HIV medical care

- Yes
- No
- I don't need any help with this
- Decline to answer

(briefly describe):

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Perceptions about Safe Space

8. Do you feel that [safe space name] has helped you at any time with:

Transportation

- Yes
- No
- I don't need any help with this
- Decline to answer

Housing

- Yes
- No
- I don't need any help with this
- Decline to answer

Health insurance

- Yes
- No
- I don't need any help with this
- Decline to answer

Non-HIV related healthcare

- Yes
- No
- I don't need any help with this
- Decline to answer

Hormone replacement therapy

- Yes
- No
- I don't need any help with this
- Decline to answer

Job opportunities

- Yes
- No
- I don't need any help with this
- Decline to answer

Educational opportunities

- Yes
- No
- I don't need any help with this
- Decline to answer

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Exit Survey

Perceptions about Safe Space

9. Do you feel that [safe space name] helped at any time with hardships in your life, such as:

HIV stigma

- Yes I don't need any help with this
 No Decline to answer

Homophobia/transphobia

- Yes I don't need any help with this
 No Decline to answer

Racism

- Yes I don't need any help with this
 No Decline to answer

Financial hardship

- Yes I don't need any help with this
 No Decline to answer

Substance abuse

- Yes I don't need any help with this
 No Decline to answer

Mental health concerns

- Yes I don't need any help with this
 No Decline to answer

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🏠 Exit Survey

Perceptions about Safe Space

10. Is the environment at [safe space name]...

Welcoming

Yes No Decline to answer

Made with me in mind

Yes No Decline to answer

Meant for people my age

Yes No Decline to answer

Visited by LGBT persons of color

Yes No Decline to answer

Affirming to me

Yes No Decline to answer

Using language that I can relate to

Yes No Decline to answer

Staffed with people that are like me

Yes No Decline to answer

A nice physical space

Yes No Decline to answer

Easy to get to

Yes No Decline to answer

Open when I wanted to visit it

Yes No Decline to answer

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Perceptions about Safe Space

11. Did [safe space name]...

Make me feel respected?


Yes No Decline to answer


Make me feel safe?


Yes No Decline to answer

Make me feel connected to others like me?

Yes No Decline to answer

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Personal Characteristics

12. How old are you?

13. In which state do you live?

14. What is your zip code?

15. Are you Hispanic or Latino?

- Yes No I don't know Decline to answer

16. Which race(s) are you? Select all that apply

- Asian Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native Don't Know
 White Decline to answer
 Black or African American

17. What sex were you assigned at birth, on your original birth certificate?

- Male Female Decline to answer

18. How do you identify yourself?

- Male Female
 Transgender man/trans man Transgender woman/trans woman
 Nonbinary A gender not listed here:
 Decline to answer

If Gender not listed, specify:

19. In the past five years, have you:

- Had sex with a man Had sex with a woman
 Had sex with a transgender person Decline to answer

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Exit Survey

Personal Characteristics

20. What is the highest level of education that you completed?

- No schooling completed
- Less than high school
- Some high school
- High school graduate/GED
- Some college
- Technical or trade school
- Bachelor's degree
- Master's degree
- Doctoral-level degree
- Decline to answer

21. What is your current work situation?

- Employed full-time
- Employed part-time
- Not employed at this time
- Decline to answer

22. Are you currently a student?

- Yes
- No
- Decline to answer

23. What is your living situation today?

- I have housing
- I do not have permanent housing (couch surfing or in a hotel)
- I am experiencing homelessness (in a shelter or living outside on the street in a car or in a park)
- Decline to answer

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HIV-related Questions

24. What was the result of your last HIV test?

- Positive
- Negative
- Don't know
- I have never been tested for HIV
- Decline to answer

25. Are you currently receiving care for HIV? (Only for people with HIV)

- Yes
- No
- Decline to answer
- Not applicable

26. Are you currently taking PrEP? (Only for people who test negative for HIV)

- Yes
- I dont know what PrEP is
- Not applicable
- No
- Decline to answer

27. In the past 3 months, have you...

Had anal or vaginal sex without a condom?

- Yes
- No
- Decline to answer

Injected drugs?

- Yes
- No
- Decline to answer

Been diagnosed with a sexually transmitted infection?

- Yes
- No
- Decline to answer

28. Which of these services did you receive from [agency name] in the past 30 days? Select all that apply

- HIV testing
- STI testing
- Linkage to HIV medical care (e.g., ARTAS, STEPS to Care)
- PrEP services
- Medication adherence support
- Referrals to other services

(Briefly describe)

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